



Health Services LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



www.dhs.lacounty.gov

January 15, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

M. Katz

SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY LA
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched and Unmatched programs. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates. This report serves as a post-2012 review and includes a summary of our actions moving forward.

HEALTHY WAY LA – LOW INCOME HEALTH PROGRAM

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the Ryan White/HWLA transition and a recently completed Request for Information (RFI) process, our total non-DHS HWLA program network now consists of 63 CP agencies and 197 clinic sites. We recently completed our provider orientation for the three additional agencies who were added to our network through the RFI. In addition, we recently completed our programmatic audit of all of the existing HWLA CPs. The vast majority of CPs passed their audit without significant issues identified.

Our programmatic relationship with the CPs continues to improve. Each CP and DHS clinic has an assigned program advocate who is there to clarify programmatic updates, help resolve issues, and troubleshoot them

as they arise. Last month we added one additional program advocate to help ensure that each clinic can get more attention from their advocates. The feedback from CPs thus far on the program advocates have been positive and this relationship will enable us to work on creating a more cohesive L.A. County safety net system as the Affordable Care Act expands and evolves over time.

Overall HWLA Enrollment: Since the last board report, we have increased our total enrollment from 197,529 individuals as of end of August 2012 to nearly 215,000 individuals at the close of calendar year 2012. Approximately 140,000 HWLA patients are assigned to DHS medical homes and 75,000 assigned to CPs.

HWLA Redetermination: On January 7, 2013, DHS, in partnership with the Department of Public Social Services (DPSS), announced the beginning of the new HWLA Redetermination Mail-in Unit. This unit, which will accept redetermination paperwork by mail, email and fax, was created to handle all HWLA redeterminations in 2013 and to achieve the following goals:

- **Make it easier and more convenient for patients to redetermine.** Patients will no longer have to complete a redetermination application in-person to continue their HWLA coverage. This will also reduce long lines at the health clinics.
- **Process Redeterminations Faster.** A mail-in unit will make it faster for DHS and DPSS staff to identify and process a redetermination upon receipt.
- **Increase resources dedicated to HWLA enrollment.** Currently, redeterminations and new applications compete for review by DHS eligibility review staff. Because redeterminations must take priority in order to avoid disenrollment, this has created a backlog in new application processing that we hope to alleviate through the creation of a separate re-determination mail-in unit.
- **Increase the number of patients who are covered.** HWLA enrollment has remained at or near the 200,000 level since July 2012, in large part because the HWLA program has lost tens of thousands of HWLA matched members for failure to redetermine. Gains in new enrollments since July 2012 have been negated by the loss in redeterminations. Many patients do not wish to travel to their clinic when they are not sick just to fill out paperwork. DHS' goal is to increase HWLA enrollment to 300,000 by 2014. However, reaching this goal will not be possible unless we make it faster and more convenient for patients to renew their coverage.
- **Prepare patients for the Medi-Cal process.** Current Medi-Cal patients complete redeterminations through a mail-in process; DPSS has an overall retention rate of 75%. When HWLA patients transition to Medi-Cal in 2014, they will already be familiar with this process.

Beginning in January 2013, HWLA patients who need to renew their HWLA eligibility will receive a package that includes a mail-in application along with a postage paid envelope. Patients will also have the option to drop the completed application at their medical home. We will monitor the re-determination rate closely and adjust as needed.

HWLA Contract and Programmatic Updates: On December 18, 2012, your Board approved a number of programmatic and administrative enhancements that will mitigate the impact experienced by CPs with the newly instituted enrollment system (Your Benefits Now/LEADER). These enhancements align our collective efforts and allow us to focus our energy on enrolling as many HWLA eligible patients as we can before January 1, 2014. The contract amendments that the Board approved included an administrative payment for new enrollments and redeterminations (\$10 for newly processed HWLA matched applications and redeterminations), which we believe will assist with our target to enroll 300,000 HWLA matched patients by January 1, 2014. In addition, the contract amendments authorized the Department to pay clinics their full matched rate for all applications uploaded rather than requiring a reconciliation later, which will help alleviate many of the cash flow issues that clinics are experiencing while they wait for payment for health services rendered.

Overview of DPSS Support: DPSS staff has been critical with the HWLA enrollment process. For the past year, DPSS has greatly helped DHS in our efforts to enroll as many HWLA eligible individuals as we can. Our initial partnership with DPSS focused on auto-enrolling general relief patients into HWLA and the configuration and support of DPSS's enrollment system (Your Benefits Now/LEADER) to meet HWLA eligibility requirements. As previously outlined, we are now working together on the successful implementation of the HWLA redetermination mail-in unit and HWLA application processing. DPSS will continue to be instrumental in calendar year 2013 as we proceed with the second phase of our outreach, enrollment, and redetermination efforts and are confident that by working together we can reach our target enrollment goal of 300,000.

Outreach and Enrollment Strategy: Our initial FY 11-12 enrollment strategy was to enroll as many eligible DHS, CP and DMH patients as we could. We will continue these "in-reach" efforts in 2013. However, this year our education, outreach and enrollment efforts will also include "reach-out" methods. January 15, 2013 will kick-off the "Everyone on Board" campaign, in partnership with numerous advocacy groups, community clinics and County Departments. This campaign will focus on identifying, educating and even enrolling HWLA eligible individuals outside of the traditional clinical setting by reaching individuals within their own communities in areas such as churches, parishes, college campuses, and employment centers..

Your Benefits Now/LEADER Update: HWLA enrollment transitioned from Websphere to Your Benefits Now/LEADER (YBN/LEADER) on July 16, 2012. YBN/LEADER is an important technical improvement from the prior enrollment platform because it is a more user-friendly electronic based system and it integrates with multiple databases to assist with enrollment and application processing. YBN/LEADER will also facilitate an easier transition of the HWLA Matched population into Medi-Cal in 2014.

As mentioned in the previous Board memo, the YBN/LEADER transition was difficult for many clinics and a number of technical and non-technical issues had to be resolved. Working closely with DPSS, we have resolved many of the issues and anticipate that most of the enhancements will be completed by the end of this month. We have also worked together to add enhancements to the YBN program that will make it easier for staff to complete the application process.

HWLA application backlog is another issue that was exacerbated with the transition to YBN/LEADER system. While DHS staff was learning the new YBN/LEADER system, new application processing slowed down, which consequently impacted enrollment totals. This problem was exacerbated by the influx of redeterminations which began around the same time as the YBN/LEADER transition, as DHS eligibility staff had to re-direct their attention to processing redeterminations in order to avoid disenrollments. Finally, accidental data entry errors from DHS and CP staff completing applications meant that some applications were unable to move over to the YBN/LEADER system during the transition process. Fortunately, most of the data or missing data clean-up work is now done thanks to DPSS staff and resources dedicated to help DHS to tackle the backlog.

One key functional improvement of YBN/LEADER is the ability to generate automated redetermination notifications to HWLA Matched members. This includes a reminder notification to patients 60 days prior to the end of their eligibility period and a final notification 10 days prior to the end of the eligibility period. This function will dovetail with the new mail-in redetermination efforts by informing HWLA beneficiaries of the new mail-in option with the new letter generated by YBN/LEADER. Finally, DHS is exploring options to employ a vendor to make proactive calls to patients who need to renew their health care coverage in future months to ensure that patients received their paperwork and understand how and why to fill the redetermination application and send it back to DHS/DPSS.

Community Support: DHS entered into an exciting partnership with Neighborhood Legal Services (NLS) and Maternal and Child Health Access (MCHA) to offer a series of successful trainings on HWLA, other DHS coverage programs, and YBN/LEADER. With their support, more trainings could be offered in a shorter period of time. Trainings were provided to both DHS and CP staff and evaluations of the trainings were overwhelmingly positive. DHS, NLS and MCHA are now in the process of finalizing a user-friendly HWLA reference guide to be utilized by DHS and CP clinic staff when questions arise about HWLA and other coverage programs.

Update on General Relief Enrollment into HWLA Program: With consent from the State, we auto-enrolled eligible Los Angeles County General Relief (GR) recipients into the HWLA-Matched program on June 1, 2012. Since the beginning of June 2012, over 100,000 eligible GR recipients qualified for the HWLA-Matched program and have been auto-enrolled into the program. DHS is currently auto-enrolling approximately 1,500 new GR patients into the HWLA program each month. Another exciting development is the implementation of an auto-redetermination policy for the GR population: If a GR recipient has active GR the same month their HWLA redetermination is due, they will automatically be redetermined and covered for another 12 months without having to fill out any additional paperwork. This will be important as many of the GR/HWLA patients may not have an address that will alert them of the need for redetermination.

We continue to work closely with DPSS for the on-going auto-enrollment and redetermination process as well as with social service and community advocates to outreach to the GR population to help increase awareness about coverage and medical home options.

Due to both the transition to YBN/LEADER, redetermination volume, and the auto-enrollment of the GR population, HWLA Member Services has seen a 70% increase in calls. The number of calls increased from approximately 21,700 calls in June to 36,900 calls in August of 2012. For the

month of November 2012, we received around 33,200 calls to our call center and we continue to experience high volumes. This call volume does not include the calls that our clinics (DHS, CP and DMH) experience. The HWLA Member Services unit, as well as DHS and CP front line staff are working to educate patients and be responsive to questions such as how to enroll in HWLA, find a medical home, and HWLA benefits.

Next Steps: We received information from the State Low Income Health Plan (LIHP) administrator that it was time to begin planning for the LIHP transition. With our unique relationship with L.A. Care, we have already begun preliminary dialogue of how a potential transition will occur if and when L.A. Care manages the LIHP administrative functions. We will most likely mirror a similar process that was recently employed with the Community Health Plan/L.A. Care transition. DHS, the Community Clinic Association of Los Angeles County (CCALC), and L.A. Care have already convened a joint task force to ensure that the HWLA matched transition is seamless for patients, CPs and DHS and to ensure that we implement all necessary mechanisms to maintain the patient- provider relationship when and if the transition occurs.

Finally, DHS applied for and received a grant award in the amount of \$200,000 from the Blue Shield of California Foundation (BSCF) to ensure that LIHP patients will have continuity-of-care with their DHS specialists when the Medi-Cal expansion and Affordable Care Act implementation occurs in 2014. DHS, with the support of CCALC and L.A. Care, successfully submitted a proposal to secure technical assistance consultants to help DHS successfully implement the necessary contractual, fiscal, operational and technical requirements needed to integrate DHS' specialty healthcare providers with the Health Care LA Independent Physician Association (IPA), and AltaMed IPA by January 1, 2014.

We will keep the Board apprised of future developments and seek advice on policy issues as they arise.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES

The Los Angeles County Seniors and Persons with Disabilities (SPD) transition from Fee-For-Service to managed care Medi-Cal was completed on May 30, 2012. Over the 12 month period, 36,060 L.A. Care SPD members were assigned to DHS primary care providers. However, since many of the SPD patients that were auto-assigned to DHS had a prior relationship with a non-DHS provider, we have seen a number of formerly assigned DHS SPD patients transfer out of DHS' provider network. At the end of November 2012, there were 23,917 total DHS SPD patients. This is consistent with our analysis that found that nearly half the SPD patient population (~16,000) assigned to DHS did not use DHS primary or specialty care services. We are currently proactively outreaching to segments of DHS SPD patients who have not used DHS services. The purpose of this outreach is to re-affirm and welcome the SPD patients to DHS and connect them with L.A. Care should they choose to use non-DHS providers. Finally, DHS and L.A. Care staff continue to meet regularly and work collaboratively to improve care delivery, coordination and transition processes, as well as review our efforts to retain these patients.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult, a new approach and technology for specialty care access that has been shown to decrease the number of unnecessary face to face specialty visits. The eConsult platform enables primary care providers and specialists to exchange consultations in a "store and forward" manner. It is a proven specialty access intervention that has worked well in San Francisco, a cohort of L.A. Care private providers, as well as in other safety net and integrated delivery systems. We began the eConsult roll-out on July 18, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology and Obstetrics. As of the end of the 2012 calendar year, we have rolled-out eConsult to all DHS clinics and over 60 CP clinics. We have also added women's health and ophthalmology to the eConsult specialty network and plan to add Ear, Nose, and Throat; Endocrinology; Podiatry; Nephrology; Rheumatology; and Surgery in the near future. In addition to eConsult, we have collaborated with Kaiser to help develop a newly organized specialty scheduling unit. For the nearly 1,200 eConsults submitted, around 40% did not need a face to face visit. For those cases that have been vetted through an eConsult specialty reviewer, our staff have successfully outreached to most of the patients and were able to schedule over 700 appointments for patients. Thus far, the show rate is around 80- 90% for patients scheduled after an eConsult reviewer deemed that a face to face was necessary. This is significantly better than our traditional average show rate of 65-70% and has reduced the long wait time for new appointments when referred by the primary care provider. To ease the backlog and the long wait times experienced by patients, we have also worked with the referring primary care clinics to review prior specialty referrals to help reduce the existing backlog for each of the new specialties that are added to the eConsult system.

DELIVERY SYSTEM REFORM INCENTIVE POOL

DHS fully achieved 100% of the milestones for FY 2011-12, Demonstration Year (DY) 7. A detailed report was sent to the Department of Health Care Services (DHCS) in late September. As a result of 100% achievement of all DY7 milestones, DHS will receive all remaining incentive payments, totaling approximately \$59 million in net incentive funding from CMS. DHS is now actively working on achieving all milestones associated with DY8; the first semi-annual report will be submitted in March 2013, with expected payment for milestones achieved at the mid-year point in the Spring.

On January 9, 2013, DHS also successfully received CMS approval for the addition of a Delivery System Reform Incentive Pool (DSRIP) Category 5, which contains projects targeted at patients with HIV. Payment for reaching the agreed milestones will help to support the transition of Ryan White patients to the LIHP during FY 2012-13. The Category 5 plan benefits from extensive input of internal and external stakeholders as well as the HIV advocacy community. With the close assistance of the Division of HIV & STD Programs at DPH, implementation work has already begun in order to ensure that DHS meets upcoming deadlines.

NEXT STEPS

As directed by your Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next

status report is April 15, 2013. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at (213) 240-8344.

MHK:sr

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services